

INSTRUCTIONS TO AUTHORS

The *Formosan Journal of Surgery (FJS)* is the peer-reviewed journal of the Taiwan Surgical Association, based in Taipei, Taiwan. The Journal is published by Elsevier every 2 months, with a total of 6 issues a year.

Articles on clinical and basic research that are of interest to the surgical profession are eligible for consideration. The Journal invites submission of original articles, review articles, mini-review articles, case reports, surgeon at work, images for surgeons, meeting reports, short communications and letters to the editor that focus on the clinical, experimental and historical aspects of surgery and related science.

The Editorial Board requires authors to be in compliance with the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs)*; current URMs are available at <http://www.icmje.org> and <http://www.surgery.org.tw/SURGERY/Default.aspx>.

These Instructions to Authors are revised periodically by the Editors as needed. Authors should consult a recent issue of the Journal or visit www.e-fjs.com for the latest version of these instructions. Any manuscript not prepared according to these instructions will be returned immediately to the author(s) without review.

1. Manuscript Submission

Manuscripts (meaning all submission items, including all text, tables, artwork, cover letter, conflicts of interest disclosures, and any other required documents/material) may be submitted online at www.surgery.org.tw/SURGERY/Default.aspx or by e-mail to journal@24drs.com. If assistance is needed, the Editorial Office can be contacted. Please do not post or fax your manuscripts to the Editorial Office.

Editorial Office

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1.1. Important Information

- Articles should be in Microsoft Word document format and prepared in the simplest form possible. We will add in the correct font, font size, margins and so on according to the Journal's style.
- You may use automatic page numbering, but do NOT use other kinds of automatic formatting such as footnotes, endnotes, headers and footers. References especially should NOT be formatted using the MS Word "endnotes" or "footnotes" function; instead, you may use the commercially available EndNote® or Reference Manager® software to manage your references.
- Put text, references, table headings and tables, and figure legends in one file.
- Figures must be submitted as separate picture files, at the correct resolution and named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg". Please see section 9.8. for more information.

1.2. Supporting Documents

The following documents must be included in your submission (refer also to the Checklist that follows these author instructions). Items (1), (2) and (3) are mandatory. Items (4), (5), (6) and (7) are required only if they are applicable to your manuscript.

(1) Cover Letter. This must include the following information:

- title of the manuscript
- names (spelled out in full) of all the authors*, and the institutions with which they are affiliated; indicate all affiliations with a superscripted lowercase letter after the

author's name and in front of the matching affiliation (*the name of each author should be written with the family name last, e.g., Wan-Lin Chang)

- corresponding author details (name, e-mail, mailing address, telephone and fax numbers)
- a statement that the material contained in the manuscript has not been previously published and is not being concurrently submitted elsewhere
- persons who do not fulfill the requirements to be listed as authors but who nevertheless contributed to the manuscript (such as those who provided writing assistance, for example) should be disclosed
- list of manuscripts that have been published, submitted, or are in press that are similar to the submission to the *FJS* (and include in your submission copies of those similar manuscripts so that *FJS* Editors can be assured there is no overlap)
- the signature of the corresponding author

Optional: if you have a list of reviewers who you wish to review or not to review your manuscript, you may include this list in the cover letter

(2) Authorship & Conflicts of Interest Statement. Each author's contribution to the manuscript should be listed. Any and all potential and actual conflicts of interest should also be listed (see Section 2 for more information). Please use the *FJS Authorship & Conflicts of Interest Statement* form that follows these author instructions and that is also provided on the Journal's website at www.e-fjs.com. Your signature and those of ALL your coauthors must be included.

(3) Copyright Transfer Agreement. In the event that your manuscript is accepted for publication in the *FJS*, you are required to transfer all copyright ownership in and relating to the work to the Taiwan Surgical Association. Please use the *FJS Copyright Transfer Agreement* form that follows these author instructions and that is also provided on the Journal's website at www.e-fjs.com. Your signature and those of ALL your coauthors must be included.

(4) Ethics Statement. Articles covering the use of human or animal samples in research, or human or animal experiments must be accompanied by a letter of approval from the relevant review committee or authorities. See Section 3 for more information.

(5) Consolidated Standards of Reporting Trials (CONSORT) flow chart for randomized controlled trials submitted for publication. See Section 4 for more information.

(6) Signed Statement of Informed Consent. Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from each subject who can be identified. See Section 5 for more information.

(7) Copyright Permission. If you have reproduced or adapted material from other copyrighted sources, the letter(s) of permission from the copyright holder(s) to reproduce or adapt the copyrighted sources must be supplied. Otherwise, such material must be removed from your manuscript.

2. Disclosure of Conflicts of Interest

A conflict of interest occurs when an individual's objectivity is potentially compromised by a desire for financial gain, prominence, professional advancement or a successful outcome. *FJS* Editors strive to ensure that what is published in the Journal is as balanced, objective and evidence-based as possible. Since it can be difficult to distinguish between an actual conflict of interest and a perceived conflict of interest, the Journal requires authors to disclose all and any potential conflicts of interest.

Conflicts of interest may be financial or non-financial. Financial conflicts include financial relationships such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; expert testimony or patent-licensing arrangements. Non-financial conflicts include personal or professional relationships, affiliations, academic competition, intellectual passion, knowledge or beliefs that might affect objectivity.

Please ensure that the name of each author listed in your manuscript appears in either Section I or Section II on page 2 of the *FJS Authorship & Conflicts of Interest Statement* form (an author's name cannot appear in both Section I and Section II of the form).

3. Ethical Approval of Studies and Informed Consent

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required, and such approval should be stated in the methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed (World Medical Association. *Declaration of Helsinki: ethical principles for medical research involving human subjects*. Available at: <http://www.wma.net/en/30publications/10policies/b3/index.html>).

For investigation of human subjects, state explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects and from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

For work involving animals, the guidelines for their care and use that were followed should be stated in the methods section of the manuscript. For those investigators who do not have formal institutional guidelines relating to animal experiments, the *European Commission Directive 86/609/EEC for animal experiments* (available at <http://ec.europa>

ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm) should be followed and the same should be stated in the methods section of the manuscript.

4. Reporting Clinical Trials

All randomized controlled trials submitted for publication should include a completed Consolidated Standards of Reporting Trials (CONSORT) flow chart (please go to www.consort-statement.org for more information). The *FJS* has adopted the ICMJE proposal that requires, as a condition of consideration for publication of clinical trials, registration in a public trials registry. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article.

For this purpose, a clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration. Further information can be found at www.icmje.org.

5. Identification of Patients in Descriptions, Photographs and Pedigrees

A signed statement of informed consent to publish (in print and online) patient descriptions, photographs and pedigrees should be obtained from all persons (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such written descriptions, photographs or pedigrees. Such persons should be shown the manuscript before its submission. Omitting data or making data less specific to de-identify patients is acceptable, but changing any such data is not acceptable.

State explicitly in the methods section of the manuscript that informed consent was obtained from all participating adult subjects or from parents or legal guardians for minors or incapacitated adults, together with the manner in which informed consent was obtained (i.e., oral or written).

6. Previous Publication or Duplicate Submission

Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration in totality or in part by another publication or electronic medium.

7. Basic Criteria

Articles should be written in English (using American English spelling) and meet the following basic criteria: the material is original, the information is important, the writing is clear and concise, the study methods are appropriate, the data

are valid, and the conclusions are reasonable and supported by the data.

8. Categories of Articles

The article categories that are published in the Journal are listed and described below. Please select the category that best describes your paper. If your paper does not fall into any of these categories, please contact the Editorial Office.

8.1. Review Articles

These should aim to provide the reader with a balanced overview of an important and topical subject in the field, and should be systematic and critical assessments of literature and data sources. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated. By invitation only. The format for review articles will be jointly decided by the Editors and the contributing author.

Format guide

- Word limit: 4500 words (excluding abstract and references)
- References: 50 or less
- Abstract: up to 250 words, unstructured (i.e., no subheadings)
- Keywords: 3–5
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

8.2. Original Articles

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to the field.

Section headings should be: Abstract, Introduction, Methods, Results, Discussion, Acknowledgments (if any), and References.

The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose.

The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research.

The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results.

The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Format guide

- Word limit: 3500 words (excluding abstract and references)
- References: 30 or less
- Abstract: up to 250 words, structured (i.e., with the section headings *Background/Introduction, Purpose(s)/Aim(s), Methods, Results and Conclusion*)
- Keywords: 3–5
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures.

8.3. Mini-review Articles

A mini-review article is a critical assessment and short review of an issue in research or clinical practice. Systematic methods for inclusion of all data sources and critical review of those sources should be described in the paper. There is no fixed format for mini-review articles. However, only a single author is allowed, and the author should have published in a SCI-indexed journal.

Format guide

- Word limit: 2000 words (excluding abstract and references)
- References: 30 or less
- Abstract: up to 250 words, unstructured (i.e., no subheadings)
- Keywords: 3–5
- Tables/Figures: 1 table and/or 1 figure

8.4. Case Reports

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be: Abstract, Introduction, Case Report, Discussion, Acknowledgments (if any), and References.

The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature.

The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome.

The Discussion should compare, analyze and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and possibility of prevention.

Format guide

- Authors: no more than 6
- Word limit: 2000 words (excluding abstract and references)
- References: 10 or less
- Abstract: up to 250 words, unstructured (i.e., no subheadings)
- Keywords: 3–5
- Tables/Figures: no limit, but data in text should not be repeated extensively in tables or figures

8.5. Surgeon at Work

These articles should provide unique information about an operation or procedure that has an impact on the clinical practice of surgeons, or a “how to do it”.

Format guide

- Word limit: 1200 words (excluding references)
- References: 5 or less
- Abstract: none
- Keywords: none
- Tables: no more than 1
- Figures: no limit

8.6. Images for Surgeons

These may include X-rays, pathology photographs, images taken in the operating room, or other relevant clinical pictures of unusual findings of surgical diseases, typical features of uncommon diseases, and rare presentations or findings of common surgical problems. Images with relevant history, clinical and laboratory findings, details of (any) surgical intervention and outcomes should be presented. Descriptions of the images must be included in the text. All information that could identify patients in the images must be removed before they are submitted.

Format guide

- Word limit: 500 words (excluding references)
- References: 5 or less
- Abstract: none
- Keywords: none
- Tables: no more than 1
- Figures: no limit

8.7. Meeting Reports

These are reports and comments on recent surgical meetings and should explain the importance of the surgical meetings.

Format guide

- Word limit: 1000 words (excluding references)
- References: 5 or less
- Abstract: none
- Keywords: none
- Tables: no more than 1
- Figures: none

8.8. Short Communications

These reports should be concise presentations of clinical or preliminary experimental results. The Editors reserve the right to decide what constitutes a Short Communication.

Format guide

- Word limit: 1200 words (excluding abstract and references)
- References: 10 or less
- Abstract: up to 250 words, unstructured (i.e., no subheadings)
- Keywords: 3–5
- Tables/Figures: up to 4 tables/figures

8.9. Letters to the Editor

Letters are welcome in response to previously published *FJS* articles, and may also include interesting cases that do not meet the requirement of being truly exceptional, and other communications of general interest. Letters should have a title and include the author's mailing and e-mail addresses. Letters are edited, sometimes extensively, to sharpen their

focus. They may be sent for peer review at the discretion of the Editors. Letters are selected based on clarity, significance, and space.

Format guide

- Word limit: 500 words (excluding references)
- References: 5 or less
- Abstract: none
- Keywords: none
- Tables/Figures: 1 table and/or 1 figure
- Begin with "Dear Editor"
- No subheadings

8.10 Correspondence

These include short case reports, technical or clinical notes and short comments on previously published *FJS* articles. The Editors reserve the right to decide what constitutes a Correspondence.

Format guide

- Authors: no more than 4
- Word limit: 500 words (excluding references)
- References: 5 or less
- Abstract: none
- Keywords: none
- Tables/Figures: 1 table or 1 figure
- No subheadings

9. Manuscript Preparation

Text should be typed double-spaced on white A4 (297 × 210 mm) paper, with outer margins of 2.5 cm. The manuscript should include a title page, abstract, keywords, main text, acknowledgments (if any), references, and figures and tables as appropriate. Each section of the manuscript should begin on a new page. Pages should be numbered consecutively, beginning with the title page.

9.1. Title Page

The title page should contain the following information (in order, from the top to bottom of the page):

- article category
- article title
- declaration of any potential financial and non-financial conflicts of interest
- running title not exceeding 50 characters

IMPORTANT: please do NOT include any author names and affiliations or corresponding author information on the title page (this information should be listed in your cover letter instead) because the *FJS* follows a double-blind peer review process.

9.2. Abstract and Keywords

A concise and factual abstract of no more than 250 words in length, and 3–6 relevant keywords (in alphabetical order) are required for the following article categories: Review Articles, Original Articles, Mini-review Articles, Case Reports, and Short Communications.

Abstracts for Original Articles should be structured, with the section headings: *Background/Introduction*, *Purpose(s)/Aim(s)*, *Methods*, *Results* and *Conclusion*.

Abstracts for Review Articles, Mini-review Articles, Case Reports and Short Communications should be unstructured, in one single paragraph with no section headings.

The abstract should state briefly the purpose of the research, the principal results and major conclusions. For Case Reports, the abstract should include the significance and purpose of the case presentation, the diagnostic methods of the case, the key data, and brief comments and suggestions with regard to the case.

An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords will be used for indexing purposes and should be taken from the Medical Subject Headings (MeSH) list of Index Medicus (www.nlm.nih.gov/mesh/meshhome.html). Avoid general and plural terms and multiple concepts (avoid, for example, “and”, “of”). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible.

No abstract or keywords are required for Surgeon at Work, Images for Surgeons, Meeting Reports, Letters to the Editor, and Correspondence.

9.3. Main Text

The text for Original Articles should be organized into the following sections: Background/Introduction, Purpose(s)/Aim(s), Methods, Results, Discussion, Acknowledgments (if any), and References. Sections for Case Reports are: Introduction, Case Report, Discussion, Acknowledgments (if any), and References. Each section should begin on a new page.

9.3.1. Abbreviations

Where a term/definition will be continually referred to, it must be written in full when it first appears in the text, followed by the subsequent abbreviation in parentheses. Thereafter, the abbreviation may be used.

An abbreviation should not be first defined in any section heading; if an abbreviation has previously been defined in the text, then the abbreviation may be used in a subsequent section heading. Restrict the number of abbreviations to those that are absolutely necessary and ensure consistency of abbreviations throughout the article.

9.3.2. Numbers

Numbers that begin a sentence or those that are less than 10 should be spelled out using letters. Centuries and decades should be spelled out, e.g., the *Eighties* or *nineteenth century*. Laboratory parameters, time, temperature, length, area, mass, and volume should be expressed using digits.

9.3.3. Units

Système International (SI) units must be used, with the exception of blood pressure values which are to be reported in mmHg. Please use the metric system for the expression of length, area, mass, and volume. Temperatures are to be given in degrees Celsius.

9.3.4. Names of Drugs, Devices and Other Products

Use the Recommended International Non-proprietary Name (rINN) for medicinal substances, unless the specific trade name of a drug is directly relevant to the discussion. Generic drug names should appear in lowercase letters in the text. If a specific proprietary drug needs to be identified, the brand name may appear only once in the manuscript in parentheses following the generic name the first time the drug is mentioned in the text.

For devices and other products, the specific brand or trade name, the manufacturer and their location (city, state, country) should be provided the first time the device or product is mentioned in the text, for example, “...IBM SPSS Statistics 21.0 was used (IBM Corp., Armonk, NY, USA)”. Thereafter, the generic term (if appropriate) should be used.

9.3.5. Gene Nomenclature

Current standard international nomenclature for genes should be adhered to. For human genes, use genetic notation and symbols approved by the HUGO Gene Nomenclature Committee (www.genenames.org). You may also refer to the resources available on PubMed at www.ncbi.nlm.nih.gov/guide/genes-expression. The Human Genome Variation Society has a useful site that provides guidance in naming mutations at www.hgvs.org/mutnomen/index.html. In your manuscript, genes should be typed in italic font and include the accession number.

9.3.6. Statistical Requirements

Statistical analysis is essential for all research papers except case reports. Use correct nomenclature for statistical methods (e.g., two sample *t* test, not unpaired *t* test). Descriptive statistics should follow the scales used in data description. Inferential statistics are important for interpreting results and should be described in detail.

All *p* values should be presented to the third decimal place for accuracy. The smallest *p* value that should be expressed is *p* < 0.001 since additional zeros do not convey useful information; the largest *p* value that should be expressed is *p* > 0.99.

9.3.7. Personal Communications and Unpublished Data

These sources cannot be included in the references list but may be described in the text. The author(s) must give the full name and highest academic degree of the person, the date of the communication, and indicate whether it was in oral or written (letter, fax, e-mail) form. A signed statement of permission should be included from each person identified as a source of information in a personal communication or as a source for unpublished data.

9.4. Funding/Support Statement

All financial and material support for the research, work, writing and editorial assistance from internal or external agencies, including commercial companies, should be clearly and completely identified in a Funding/Support Statement.

9.5. Acknowledgments

General acknowledgments for consultations and statistical analyses should be listed concisely, including the names of the individuals who were directly involved. Consent should be obtained from those individuals before

their names are listed in this section. Those acknowledged should not include secretarial, clerical or technical staff whose participation was limited to the performance of their normal duties.

9.6. References

Authors are responsible for the accuracy and completeness of their references and for correct in-text citation.

9.6.1. In the Main Text, Tables and Figure Legends

- References should be identified using superscripted numbers, and numbered consecutively in order of appearance in the text; the numbers should be placed after periods and commas and before colons and semicolons.
- References cited in tables or figure legends should be included in sequence at the point where the table or figure is first mentioned in the main text.
- Do not cite abstracts unless they are the only available reference to an important concept.
- Do not cite uncompleted work or work that has not yet been accepted for publication (i.e., “unpublished observation”, “personal communication”) as references. Also see Section 9.3.7.

9.6.2. In the References List

- References should be compiled at the end of the manuscript according to the order of citation in the text.
- References should be limited to those cited in the text only.
- Journal references should include, in order, authors' surnames and initials, article title, abbreviated journal name, year, volume and inclusive page numbers.
- The surnames and initials of all the authors up to 6 should be included, but when authors number 7 or more, list the first 3 authors only followed by “et al”.
- Abbreviations for journal names should conform to those used in MEDLINE.
- If citing a website, provide the author information, article title, website address and the date you accessed the information.
- Reference to an article that is in press must state the journal name and, if possible, the year and volume.

Examples of the most common reference types are provided below. (Please pay particular attention to the formatting, word capitalization, spacing and style.)

Standard journal articles

Bisdas T, Pichlmaier M, Wilhelmi M, Bisdas S, Haverich A, Teebken O. Effects of the ABO-mismatch between donor and recipient of cryopreserved arterial homografts. *Int Angiol.* 2011;30:247–255.

Quintini C, D'Amico G, Brown C, et al. Splenic artery embolization for the treatment of refractory ascites after liver transplantation. *Liver Transpl.* 2011;17:668–673.

Journal supplement

Kaplan NM. The endothelium as prognostic factor and therapeutic target: what criteria should we apply? *J Cardiovasc Pharmacol.* 1998;32(suppl 3):S78–80.

Journal article not in English but with English abstract

Kawai H, Ishikawa T, Moroi J, et al. Elderly patient with

cerebellar malignant astrocytoma. *No Shinkei Geka.* 2008;36:799-805. [In Japanese, English abstract]

Book

Bradley EL. *Medical and Surgical Management.* Philadelphia: Saunders; 1982:72–95.

Book chapter in book with editor and edition

Greaves M, Culligan DJ. Blood and bone marrow. In: Underwood JCE, ed. *General and Systematic Pathology.* 4th ed. London: Churchill Livingstone; 2004:615–672.

Bulletin

World Health Organization. *World Health Report 2002: Reducing Risk, Promoting Healthy Life.* Geneva, Switzerland: World Health Organization; 2002.

Conference proceedings

Pacak K, Aguilera G, Sabban E, Kvetnansky R, eds. *Stress: Current Neuroendocrine and Genetic Approaches.* 8th Symposium on Catecholamines and Other Neurotransmitters in Stress, June 28–July 3, 2003, Smolenice Castle, Slovakia. New York: New York Academy of Sciences; 2004.

Thesis

Ayers AJ. *Retention of Resin Restorations by Means of Enamel Etching and by Pins* [MSD thesis]. Indianapolis: Indiana University; 1971.

Website

Wisdom Teeth. American Association of Oral and Maxillofacial Surgeons Web site. http://www.aaoms.org/wisdom_teeth.php. Accessed November 15, 2008.

Company/manufacture publication/pamphlet

Eastman Kodak Company, Eastman Organic Chemicals. *Catalog No. 49.* Rochester, NY: Eastman Kodak; 1977:2–3.

9.7. Tables

Tables should supplement, not duplicate, the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.

9.8. Figures

9.8.1. General Guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes

should follow the same style as that for tables as described in Section 9.7.

Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details (such as their name and date of birth) of the patient must be removed. If their face is shown, use a black bar to cover their eyes so that they cannot be identified (for further information, see www.elsevier.com/patientphotographs).

All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files, at the correct resolution (see Section 9.8.2.) and named according to the figure number and format, e.g., "Fig1.tif", "Fig2.jpg".

9.8.2. Formats

Regardless of the application used, when your electronic artwork is finalized, please "save as" or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

- EPS: vector drawings. Embed the font or save the text as "graphics".
- TIFF: color or grayscale photographs (halftones)—use a minimum of 300 dpi.
- TIFF: bitmapped line drawings—use a minimum of 1000 dpi.
- TIFF: combination of bitmapped line/halftone (color or grayscale)—use a minimum of 600 dpi.
- DOC, XLS or PPT: if your electronic artwork is created in any of these Microsoft Office applications, please supply "as is".

Please do not:

- Supply files that do not meet the resolution requirements detailed above;
- Supply files that are optimized for screen use (such as GIF, BMP, PICT, WPG) as the resolution is too low;
- Submit graphics that are disproportionately large for the content.

A detailed guide on electronic artwork is available at www.elsevier.com/artworkinstructions. Please note that the cost of color illustrations will be charged to the author (see Section 12 for more information).

10. The Editorial and Peer Review Process

As a general rule, the receipt of a manuscript will be acknowledged within 2 weeks of submission, and authors will be provided with a manuscript reference number for future correspondence. If such an acknowledgment is not received in a reasonable period of time, the author should contact the Editorial Office.

Submissions are reviewed by the Editorial Office to ensure that it contains all parts. Submissions will be rejected if the author has not supplied all the material and documents as outlined in these author instructions.

Manuscripts are then forwarded to the Editor-in-Chief, who makes an initial assessment of it. If the manuscript does not appear to be of sufficient merit or is not appropriate for the Journal, then the manuscript will be rejected without review.

Manuscripts that appear meritorious and appropriate for the Journal are reviewed by at least two Editorial Board members or expert consultants assigned by the Editor-in-Chief. The *FJS* follows a double-blind peer review process. Authors may submit a list in their cover letter of reviewers who they wish to review or not to review their manuscript. However, the actual peer reviewers invited will remain anonymous and may or may not be the reviewers suggested by the authors as the selection of reviewers is at the sole discretion of *FJS* Editors. The editors and reviewers will not disclose any information about a manuscript or its review to anyone except the manuscript's corresponding author.

The corresponding author will usually be notified within 10 weeks of whether the submitted article is accepted for publication, rejected, or subject to revision before acceptance (however, do note that delays are sometimes unavoidable). If revisions are required, authors are asked to return a revised manuscript to the Editorial Office within 30 days (via the method by which the original manuscript had been submitted, i.e., either online or by e-mail). Please notify the Editorial Office in advance if additional time is needed or if you choose not to submit a revised manuscript.

11. Preparation for Publication

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